PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

. 091936,492 Effective October 1, 2003

CLAIMS AS FILED - PÁRT I								SMALL E	NTITY		OTHER	THAN	
			(Column 1)		(Column 2)		1	TYPE		OR	SMALL		
TOTAL CLAIMS						. • . •		RATE	FEE	7	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		-	BASIC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			. minus 20=		•			XS 9=		OR	XS18=	·	
INDEPENDENT CLAIMS			minus 3 =		•			X43=		OR	X86=		
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	-290=		
• If	the difference	e in column 1 is	less than zero, enter "0" in			olumn 2		TOTAL		OR	TOTAL		
1	0/4/03 0	LAIMS AS A	MENDED - PART II (Column 2)			(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	D	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 28	Minus	~ . d	Jo .	= 2		XS 9=		OR	X\$18=	3600	
	Independent	NTATION OF M	Minus	DEDENIDENT		= .		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	•	
	11.:1011							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	3600	
ı	10/14/04	(Column 1)		(Colum	າດ 2)	(Column 3)						•	
AMENDMENT B	E	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID:F	IER USLY	PRESENT EXTPA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 30	Minus	- 23	Ø.	= 2		X\$ 9=		OR	X\$18=	3600	
	Incependent	. 5	Minus MULTIPLE DEPENDENT		21.411.4	=	×4 4 =			OR	X88=		
	FIRST PRESE	NIATION OF MC	CIPLE DEP	ENUENI	CLAIM	- []		+145=		OR	+290=		
							 	JOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	3600	
		(Column 1)		(Colum	n 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER. USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		= .	1	X43≖		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										١			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL		
}	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDI "THIS THIS SPACE IS LESS than 3, enter "3."									OR ,	DOIT. FEE		
		ber Previously Paid					r foul	nd in the app	ropriate box	in coli	umn 1. 		